

## NURSE DELEGATION PROGRAM SKILLS CHECKLIST

\_\_\_\_\_  
Agency Name Here

Staff Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

MAS Nurse \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

The unlicensed staff must, without prompting or error, demonstrate all skills delegated in accordance with the published guidelines with 100% accuracy to the MAS Nurse.

<b>MAS Nurse Signature</b>				
<b>2<sup>nd</sup> MAS Nurse Signature (If Applicable)</b>				
	<b>New</b>	<b>Recert</b>	<b>Recert</b>	<b>Recert</b>
<b>Date of Check off</b>				
<b>CRITERIA</b>	MAC candidate Initials/Date	MAC Initials/Date	MAC Initials/Date	MAC Initials/Date
<b>Section 1 - Basic Medication Information and Medical Terminology</b>				
A. States common medical abbreviations and meanings				
B. Describes common dosage forms of medications and routes of administration				
C. States the 7 rights Verbalizes the "3 checks"				
D. Describes what constitutes a medication error				
E. Describes consumer rights related to: <ul style="list-style-type: none"><li>• Refusal of meds</li><li>• privacy and</li><li>• respect</li></ul>				
F. Defines a medication allergy and signs of a possible allergic reaction				

<b>Section 2 Demonstrated Appropriate Technique to Obtain and Record the Following:</b>				
A. Blood Pressure				
B. Temperature				
C. Pulse				
D. Respiration				
E. Finger stick blood sugar				
F. O2 Saturation Monitor				
G. Wong Baker Faces Pain Rating Scale				
H. Changes in functional ability				
<b>Section 3: Administration of Medications</b>				
A. Verifies use of appropriate medication delivery system with pharmacy or factory label				
B. States proper medication storage guidelines				
C. Washes hands appropriately				
D. <b>Locates a clean and private area</b>				
E. Gathers equipment needed				
F. Identifies correct person and brings to medication area				
G. Unlocks medication storage area				
H. Reads MAR and compares with label on medication container; checks expiration date of med; 7 rights				
I. Checks allergies				
J. Double checks the med label with the MAR using 7 rights				
K. Performs third check of medication label with the MAR				

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L. Performs task satisfactorily. Verifies medication was taken/administered				
M. Returns medication to proper storage				
N. Documents appropriately on MAR				
O. Washes hands between people				
<b>Section 4: Competency Verification of ALL Medications Delegated</b>				
<input type="checkbox"/> . oral – pills/tablets/capsules				
<input type="checkbox"/> . oral – liquid				
<input type="checkbox"/> . oral – buccal/sublingual				
<input type="checkbox"/> . eye – drops				
<input type="checkbox"/> . eye – ointments				
<input type="checkbox"/> . eye – patches				
<input type="checkbox"/> ear – drops				
<input type="checkbox"/> ear – topical (creams/lotions)				
<input type="checkbox"/> hearing aids				
<input type="checkbox"/> nose – drops				
<input type="checkbox"/> nose – sprays/inhalers				
<input type="checkbox"/> topical – creams/ointments/paste				
<input type="checkbox"/> topical – lotions/suspensions				
<input type="checkbox"/> topical – sprays/powders				
<input type="checkbox"/> topical – patches				
<input type="checkbox"/> topical – shampoo				
<input type="checkbox"/> respiratory inhalers				
<input type="checkbox"/> rectal medication (Suppositories/Enema/Gels)				
<input type="checkbox"/> Other:				
<input type="checkbox"/> vaginal medication (Suppositories/Enema/Gels)				
<input type="checkbox"/> Other:				

<b>Section 5: Emergency Medications &amp; Application (P &amp; P)</b>				
<input type="checkbox"/> Naloxone Auto Injector				
<input type="checkbox"/> Epi-pen				
<input type="checkbox"/> Glucose injection				
<input type="checkbox"/> Diastat				
<input type="checkbox"/> Nitroglycerin				
<b>Section 6: Medical Equipment/ Infection Control( clean/disinfect/store)</b>				
<input type="checkbox"/> Nebulizer				
<input type="checkbox"/> CPAP				
<input type="checkbox"/> Oxygen concentrator/cannula/mask				
<input type="checkbox"/> <b>Vagus</b> Nerve Stimulator				
<input type="checkbox"/> Hospital Bed				
<input type="checkbox"/> Glucometer				
<input type="checkbox"/> Mechanical Lift				
<input type="checkbox"/> Weight Scales				
<b>Section 7: MAR/Documentation</b>				
<input type="checkbox"/> After Assisting with meds				
<input type="checkbox"/> Refused Meds				
<input type="checkbox"/> PRN meds				
<input type="checkbox"/> Missed dose other med error				
<input type="checkbox"/> Meds Held				
<input type="checkbox"/> Self Administration (SMOR/SMAR)				
<input type="checkbox"/> Narcotic Count Sheet				
<input type="checkbox"/> Narcotic Shift to Shift Verification				

Section 8: Other Documentation				
<input type="checkbox"/> Seizure Record				
<input type="checkbox"/> Treatment Record				
<input type="checkbox"/> Health Care Practitioner Sheet				
<input type="checkbox"/> Medication Error Report Form				
<input type="checkbox"/> Incident Report Form				
<input type="checkbox"/>				
<input type="checkbox"/> MAC Call Log/Any other Agency Required Form				
<input type="checkbox"/>				
<input type="checkbox"/> Infection Control ( <i>Equip Cleaning/Refrig log</i> )				
<input type="checkbox"/> First Aid/ Emergency Management				
<input type="checkbox"/> Seizure Management				
<input type="checkbox"/>				
<input type="checkbox"/> Med/Med Room Security				
<input type="checkbox"/>				
<input type="checkbox"/> Quick Fact for MAC's				

- ☐ On-Site Observation
- ☐ Skills Lab Observation

**SKILLS CHECKLIST SIGNATURE PAGE**  
***ALL MAC TRAINING MUST BE DOCUMENTED ON THE MAC  
WORKER TRAINING RECORD (NDP 11)***

DATE MAC II COMPLETED \_\_\_\_\_

***Every MAC Worker must have a minimum of 8 hours of MAC II Training  
Documented in the MAC File [ABN 610-X-7-.06(5)(a)(2)]***

MAC Worker SIGNATURE \_\_\_\_\_

